

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22	1						72		1				
23		1					73		1				
24	1						74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28		2					78		1				
29		2					79		1				
30		2					80		1				
31		2					81		1				
32		2					82		1				
33		2					83		1				
34	1						84		1				
35	1						85		1				
36		2					86		1				
37		2					87		1				
38		2					88		1				
39		2					89		1				
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		1					97						
48	1						98						
49	1						99						
50		1					100						
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	98					
TOTAL CLAIMS							TOTAL CLAIMS	105					